

INS. CASE OWNER:

CC 6 / A / G 2000 3696 / A ks3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

6/3/2020

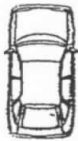
Date / Time :

6/3/2020

Registered in Merimen:

6/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMR 52817

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$

D.O.A : 21/2/2020

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

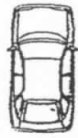
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

JRA 195



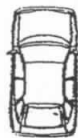
INSRS:

WSP: NHT

Tel :

Liability :

RMKS:



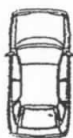
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

JRA 195 : X ; SMR 52817 : X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:





Level 12, West Wing, The Icon, No. 1, Jalan 1/68F, Jalan Tun Razak, 55000 Kuala Lumpur. Tel: 03-2180 3000 Fax: 03-9281 2729  
24/7 Emergency Auto Assist Helpline: 1300-880-881



Billar Code : 1578  
Ref.1 : Q0319994  
Ref.2 : IDNUMBER / CONTACTNUMBER

JomPAY online at Internet and Mobile Banking with your Current or Savings Account.

## MOTOR QUOTATION

### NEW BUSINESS

Insured Name : Tan Sau Siang  
Quotation No. : Q0319994 Issued Date : 05-08-2019 Inception Date : 11-08-2019 Expiry Date : 10-08-2020  
New Ic No : 810418015141 Old Ic No : Business Reg No. : - Post Code : 80050  
Gender : Male Marital Status : Married Mobile No : 0167123133

### VEHICLE INFORMATION

Vehicle No : JRA195 Trailer No : - Ownership Type : Individual Coverage : Comprehensive  
Year of : 2015 Vehicle Type : Private Car Vehicle Usage : Private Use (Drive To Work/Daily Use)  
Manufacturing Make & Model : Perodua - Myvi  
Variant Series : Ezi Premium - 4 Sp Automatic  
Capacity : 1298.0 CC BDM-BTM : - Engine No. : T19B31G Chassis No. : PM2M602S002238455  
NCD Vehicle No. : JRA195 NCD % : 55.0 No. of Seats : 5

Number of Named Drivers : Policy holder + 2 Named Drivers

Geographical Area : Malaysia, Republic of Singapore and Negara Brunei Darussalam.

Subject to following clauses printed herein or attached hereto :

W01 - WARRANTY NO. 1 - WARRANTY ON OVERLOADING OF VEHICLE (APPLICABLE TO ALL COMMERCIAL VEHICLES INCLUDING PRIVATE BUSES AND VANS)  
ST - SERVICE TAX  
AVC - AGREED VALUE CLAUSE (NOT APPLICABLE TO RECONDITIONED VEHICLE) (NON-TARIFF)

### Extra Benefit :

Description	Sum Insured/Current NCD (RM)	Premium (RM)
ENDORSEMENT 100 - LEGAL LIABILITY TO PASSENGERS	0.00	30.15
CART 7 days x RM 100	700.00	70.00
ENDORSEMENT 72 - LEGAL LIABILITY OF PASSENGERS FOR NEGLIGENT ACTS	0.00	7.50
ENDORSEMENT 89 - BREAKAGE OF GLASS IN WINDSCREEN, WINDOW OR SUNROOF	1,000.00	150.00

### PREMIUM INFORMATION

MOTOR	RM
Sum Insured	27,000.00
Excess All / Damage Claim	0.00
Voluntary Excess	0.00
Premium	1,128.58
Less NCD 55.00 %	620.72
Extra Benefit	257.65
Premium Due	765.51
Service Tax 6.00 %	45.93
Stamp Duty	10.00
<b>Total for Motor</b>	<b>821.44</b>
<b>Total Payable</b>	<b>821.44</b>

**Note :** In compliance with the cash before cover regulation, the cover note can only be issued upon receipt of the above premium in full.  
The NCD Percentage quoted in this quotation will be validated again during cover note stage.

JB5012250 LIQIN AGENCY

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Rating Serial No. MT20190322V6-100-02-01